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THE NURSE AS A FACTOR IN THE PREVENTION AND CONTROL OF VENEREAL DISEASE¹

BY C. C. PIERCE, M.D.

United States Public Health Service, Washington, D. C.

There are in Washington three Surgeons General,—of the Army, the Navy and the Public Health Service. The Public Health Service is a permanent national civilian health agency; the Army Medical Department takes care of the soldiers in the Army, the Navy Medical Department takes care of the personnel of the Navy, and the Public Health Service has as its function the general health and welfare of the entire population of the United States.

In the way our government is organized, most of the health rights are inherent in the states; it not having been specifically stated in the constitution that it was a function of the Federal Government. Therefore, there are only two functions that later have been taken cognizance of by Congress in which the Public Health Service has a free field of action: these are the immigration duty, the national quarantine duty, the prevention and spread of communicable diseases and interstate travel; and more recently, the control of the venereal diseases and of the war risk insurance work. The other functions of the Public Health Service in relation to local communities must of necessity, and rightly, be carried on through the coöperative action of the various state boards of health, and in municipalities in coöperation with the local health boards through the State Board of Health.

Congress last year, on July 8th, created a new division of the Public Health Service; a division organized especially to have charge of the control and the spread of venereal diseases, and that is the subject that was allotted to me tonight. I want to say that it is a great pleasure for me to address such a splendid audience of women who are interested in public health nursing, and to tell you conscientiously, just the attitude of the Public Health Service; also by quotation, the attitude of other bureaus and departments in Washington towards this great agency that we have for bettering the health conditions all over the United States, the Public Health Service.

The subject allotted to me for discussion tonight was "The Nurse as a Factor in Venereal Disease Control"; but because the venereal diseases are so intimately interwoven with every aspect of the public health movement, because gonorrhea and syphilis have unlimited possibilities as the cause of the physical and social ills of the people,

¹Read at the convention of the National League of Nursing Education, Chicago, June 25, 1919.

I have not restricted myself to this limited, though very important, phase of public health nursing, but have included the broader field of the public health nurse as a social and educational factor in the prevention and control of the preventable diseases. One has only to study the records of the up-to-date institutions where thorough-going medical and social histories are taken of all patients, to be convinced that the physical and social ramifications of gonorrhea and syphilis are almost limitless. These diseases play a most important role in the cause of maternal and infant morbidity and mortality. Children affected with congenital syphilis, even when treated, are predisposed to many conditions that cause a serious handicap to them throughout life, among these results being abnormal mentality or mental retardation. To these two diseases, also, can be traced much of the great burden of all industrial illness.

To properly fit a nurse for venereal disease control, means to properly fit a nurse for public health service. The war clouds have about passed and the period of reconstruction is here. The responsibility of medical men and of nurses is to bring about the reconstruction and conservation of the health of the people of this country. Doctors and nurses must form a "league of workers," if you please, to protect the health of the nation.

"No graver responsibility than the conservation of human health rests on civilized nations, it so far transcends other social or economic questions, that neither time nor money ought to be considered a serious factor in the proper and prompt safeguarding of the life and health of the people." So said George Shiras, in a hearing before the Senate Committee on Public Health and National Quarantine in 1910. The war has emphasized this responsibility; it has disclosed our mistakes and failures of the past, and has put into our hands knowledge and opportunity for the future.

Two years ago we did not know, as a nation, that 30 per cent of our young men were physically unfit for military service, and that two-thirds of this number were rendered unfit from causes which could have been prevented; we did not know of the widespread prevalence of venereal disease; we did not know of the many adult cases of feeble-mindedness or of the large number of the industrially handicapped. This knowledge was bought at a terrible price, but because of the price we have paid, we have come to appreciate life and health as assets essential for national efficiency. Never before in the history of our country has such interest been centered in the subject of health as today; never a time when more effort was being made, or when the confidence of the public was greater in the possibilities for improvement in hygiene and sanitation. Read the post-war

programs of the various governmental and private agencies in this country, and you will find, with but few exceptions, that some part of the budget has been planned for health; and the public health nurse is named as the agent who is to do the important part of the work.

Secretary of War Baker, in a recent statement, says:

War has sharply revealed to how great an extent national success depends upon national health. It has also shown that organized efforts to conserve and build up the strength of our people can quickly show results. Every element of our public health activities during the war should be continued and enlarged during peace. The public health nurse, one of the greatest forces in promoting national health, is needed in greatly increased numbers.

In offering to the public the post-war program of the United States Public Health Service, Surgeon General Blue very ably points out why public nurses are needed in greatly increased numbers. He says:

The plans of the U. S. Public Health Service for the reconstruction period include a recognition of the need for a greatly increased number of public health nurses. Our work would fail of its best results without the coöperation of the public health nurse, in explaining to the individual person the methods for preventing and curing disease; in giving nursing care to those who need it at what cost they can afford to pay; and in furnishing health authorities with facts gleaned from her intimate knowledge of neighborhood health conditions from which new programs can be formulated. A public health nurse at work in every county, is a part of the goal toward which we should work.

This program provides for the study of the cause and methods of control of the preventable diseases, including the venereal diseases and tuberculosis. Prenatal, maternity and child hygiene, school and industrial hygiene are given recognition. The keynote of the whole program is prevention.

Ignorance is the fundamental cause of preventable illness and premature death. If ignorance is the cause, then education is the obvious remedy. The following statements, made by persons of broad vision, clearly indicate by whom much of this education can best be disseminated.

Julia Lathrop, Chief of the Federal Children's Bureau, says:

In any program to save the lives of mothers and babies, public health nurses are essential. The Children's Bureau studies reveal how greatly the progress of child welfare is hampered by the scarcity of these trained women. An illustration of how public health nurses have already saved babies, is found in the fact that the death rate of infants from one month to one year is steadily decreasing. It is for babies of this age that most has been done by public health agencies, including the public health nurse. The public health nurse finds the mother and baby even in homes inaccessible to medical and nursing facilities, and brings them into relation with physicians and all health agencies. She also connects the doctor more closely with his patients by interpreting and showing them how to carry out his orders effectively.

Particularly is this true in the country where great distance makes it impossible for mothers and babies to obtain skilled care. An organization by which the county enlarges its work for the sick so as to keep people in health through the service of traveling nurses, will cover the county with a network of beneficent workers who will be a constant educational force, coöperating with schools and health officers and knowing how to serve the individual home.

Commissioner of Education Claxton says:

Health is the first object of education. Among the various agencies involved in the effective program for guarding the health of school children and teaching them health habits, none is more important than the school nurse. Where there is a school physician, she supplements his work of examination by following into the homes, the children needing treatment, and aids in securing the needed help. She also supplements the work of the teacher, who is generally lacking in this special training necessary for teaching health to the children in ways simple and vivid enough to influence their daily habits of life. The intelligent and tactful school nurse, too, is one of the best agencies for closer and more sympathetic relations between the school and the home. A school system without the nurse is an incomplete system.

Secretary of Labor Wilson says:

One of labor's greatest assets is its health. Labor's reconstruction program must, therefore, include a carefully formulated plan for repairing the physical waste and destruction of war by conservation and renewal of national health. The public health nurse enters into such a program in many ways. The industrial nurse brings skilled nursing care to the worker in factories and stores. The visiting nurse takes new methods of how to get well and keep well into the worker's home. The infant welfare and the school nurse assist in protecting and building up the health of the worker's children. To bring to every worker in our country skilled care many more public health nurses must be put at work in our communities.

The demand for the services of the public health nurse is an outgrowth of the shift of emphasis in the public health campaign from legal and restrictive, to educational and constructive measures. Some important things like purification of water supplies can be directly accomplished by official action; and legal restrictions are and always will form an essential part of the control of communicable diseases. Yet it is more and more clearly recognized that the larger problems of health require the intelligent coöperation of the individual citizen. An increasingly greater proportion of the energy of the public health workers is devoted to individual education in the sanitary and hygienic conduct of the daily life. This direct educational work is an important task for the public health service, and state board of health.

It is evident that for educational work of this character, we need a woman of high type with a sound and broad education. She must have attractive personality, intelligence, executive ability and strong qualities of leadership.

It has been remarked in the past, that nurses have been too

highly trained; that the educational requirements have been too high; that the time of training has been too long and recommendations have been made to reduce the education. Careful consideration of the important work the public health nurse is called upon to do clearly indicates that to reduce the standards would be most unwise. The public health nurse needs not less training, but more training, especially for the recently developed field of venereal disease control. For in this branch of public health nursing, whether this be clinic work or social service work, the nurse must know not only the organisms causing the diseases, their mode of transmission, the proper way to administer the treatment prescribed by the physician, but she must understand the elements of psychology, sociology and economics, so that she can seek out and correct, or cause to be corrected, conditions of environment that are conducive to improper living and immorality.

It has been said, also, that the training a nurse receives in the hospital unfits her for public health work; that in the hospital emphasis is placed upon cure rather than upon prevention, and it is suggested that a different type of worker than the nurse be trained for this important field of public health education. If I am correctly informed, plans are being made to train such workers. To one who has been actively engaged in public health work for almost twenty years, it seems unwise to experiment with an unknown and untried type of worker.

While every one will agree that nurses have not always been fully prepared in the past, yet the fact is that work so far done in this field has been built up by nurses and physicians, and the educational and preventive work done in the home has been the contribution of the nurse. It is because of the fact that she is a nurse; that she has had practical training, that she can use her hands to alleviate the many ills and suffering of the moment, that she is able to do the educational work necessary to any public health movement.

Dr. J. H. Mason Knox, Johns Hopkins Hospital, Baltimore, in an article in the *Visiting Nurse Quarterly* for July, 1910, speaking of the nurse as an educational factor in the campaign against infant mortality, says:

In the last analysis, all our work hinges upon the better care of individual babies coming under our influence; and it is here that the trained nurse should be given the first place, both because of her unique opportunity and because of the good results which she has, and does accomplish. It is she who enters the home, a welcome visitor, but one armed with expert knowledge and kindly act. It is she who can open the closed windows, remove superfluous clothes, prepare the baby's feedings, give it a bath as an object lesson to the mother, and perform a hundred other services which together mean the difference between life and death.

The opportunity for service is here. The need for workers is great. The detail and home work so far have been done by the nurse. The almost phenomenal increase numerically, of the public health nurse and the growing demand for more nurses, is due to the fact that she has met a real need. Efforts are now being made to give the nurse better preparation along social and preventive lines. Witness this fact in the three new courses which have been put on this summer at Columbia University: namely, Industrial, Venereal Disease Control and School Nursing. The tendency is growing on the part of colleges and universities, to recognize their responsibility toward nursing education and especially public health nursing education. Courses dealing with such subjects as municipal and industrial sanitation, household economics, modern social problems, social legislation and similar topics are likewise proof that the nurse has proven herself worth cultivating.

From England, where the Health Visitor (the type of worker without the nurse's practical training), has been installed, come rumors that she is not altogether a success.

A warning sounded by Miss Lavinia Dock in a letter to hospital superintendents, printed in the *National Hospital Record*, January 15, 1909, can be well heeded in the present crisis. She says:

The plea for laxity in preliminary educational standards, low entrance requirements for hospital training schools, and even for shorter terms of training, is often made with great skill of argument, and can be so presented as to sound extremely plausible; especially when present difficulties, graphically portrayed and emphatically dwelt upon, are placed well to the forefront of the statement.

Yet it is a singularly shortsighted plea—that of providing at all costs for the present, without reflection as to the future. It is, indeed, an unstatesmanlike type of mind that can advocate a deliberate choice of lower, instead of higher standards of education, because this kind of policy tends ultimately to self-destruction. It is like the pit that one digged and into which he himself fell.

The thing of real importance is not that nurses should be taught less, but that all women should be taught more; not that courses of training for any serious work should be shortened, but better filled.

The present is urgent, but those in places of responsibility and authority have not the moral right to ignore the future.

It was estimated that there were 6000 public health nurses in this country before the war, and this number was temporarily greatly decreased by war work. To fill the demands of bills now before Congress and state legislatures, at least 50,000 nurses will be needed. This is indeed a challenge to the nurse educators of this country! The difficulty at present of preparing women for all branches of nursing is lack of funds. Many hospital training schools are financially unable to meet the added expense of the necessary teaching equipment. I do not presume in the presence of this organization, to suggest or

outline any prescribed course or method of teaching. The National League for Nursing Education, which has so ably provided for the past, can safely be intrusted to meet the needs of the future. But I do feel that it is not out of place for me to emphasize here, the need for endowment funds to meet the unusual expenses attendant on the better training of nurses. Since this training is essentially for public service it would seem reasonable that the public should appropriate funds to support and develop this work.

In conclusion let me once more impress upon you the needs of the public health field; and I can think of no better means than to quote Dr. C. E. A. Winslow in his article, "The Public Health Nurse and Her Preparation for Her Calling," in the Bulletin of the National Organization for Public Health Nursing, November, 1913, in which he says:

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why in my judgment the visiting nurse is the most important figure in the modern movement for the protection of the public health—even if I state the case more moderately than did a student of mine in a recent examination paper. As he put it, "The nurse is the Grant, the Blucher of the campaign. She has come up with her splendid training, her many talents, her ready sympathy and mother heart at the crisis of the battle. Those who have fought long and hard may take courage. The victory will be won. Waterloo is in sight."

In the discussion following his paper, Dr. Pierce said further:

When I said there were fifty thousand public health nurses needed to fill the requirements, if all of the various pieces of legislation now pending before Congress and the various state legislatures passed, that number would include the various phases of public health nursing, but venereal disease control work would not, of course, need such a very large number. The particular phase of public health nursing in which the division that I have charge of is interested, is in training nurses for the social service follow-up work, the outside work of the clinics. We can get nurses now to do the work in the clinics that are being organized all over the country. There are about two hundred and fifty of them at the present time that are coöperating with the Division of Venereal Disease.

Now a clinic with those diseases cannot operate satisfactorily without one or more nurses, not only to assist in the treatment of disease, but to do the very important work of following those infected

persons into their homes. A few days ago we were discussing this at a meeting in New York, and some one asked the question if it were not a very unusual procedure to follow the patient with diseases of that sort into their homes. Why, most of these cases are followed into the home at the request of the patient. As soon as the patient is impressed with the seriousness of one of the venereal diseases that he has, he wants the nurse to come to his home, if he is a man of family, and see whether his wife and children have already become infected and if so, to get them under proper treatment; and if they are not, to prescribe the measures whereby he can avoid infecting the members of his family or his associates. This offers at once a tremendous field for public health nursing along those particular lines. This work needs the very broad viewpoint of sociological and economic conditions which are responsible for the widespread prevalence of these diseases. It is a very particular phase of public health nursing, and through the kindness, or the great generosity, I should say, of the Red Cross, and through Miss Noyes' help, and Miss Nutting's at Teachers College, we are going to give this small group of nurses a course that we believe will particularly fit them for this sort of work. That, we trust, will be the starting point and the nucleus of a very large number of nurses who, in subsequent years, will take this and a broader course, along the same line and be able to play the very important part that nurses must play in this practically new phase of public health work. Because, until the war, those diseases were largely ignored by the hospitals and training schools for nurses, but little was given to the nurses on those subjects. In fact, most hospitals would not take patients suffering with those diseases.

Now in this new coöperative work that the public health service and various state boards of health are carrying on, a very determined effort is being made to get all the hospitals and institutions to recognize the responsibility that they have for the hospitalization of persons infected with these diseases; not only to give them the benefit of proper and thorough treatment to cure them, but as a means of preventing the further spread of these diseases through association in the family, the shop, the store, and otherwise. If, by coming here tonight and addressing you women who are interested in nursing education, I can feel that you are going to be interested in this new, and until recently, tabooed phase of nursing, it will be a milestone on the road of progress in the control of these diseases that will be well worth while.